



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Enforcement Division

P.O. Box 12157 • Austin, Texas 78711 • (512) 539-5600 • (800) 803-9202 • fax (512) 539-5698

Web site: www.tdlr.texas.gov

August 22, 2018

LEAH HERNANDEZ
2605 S MIRROR
AMARILLO TX 79103 1622

Subject: Leah D. Hernandez (Respondent); Case Number: MID20170006061

Dear Ms. Hernandez:

The Texas Department of Licensing and Regulation (Department) has concluded its investigation of the above-referenced case number. From the results of the investigation, it does not appear that there is sufficient evidence to establish that there was a violation of the Texas Midwifery Act and Rules.

At any hearing in which the Department seeks a sanction or penalty against a licensee or other individual, the burden is on the Department to prove that the licensee or individual committed a violation of the law or rules in place at the time of the alleged violation. We do not believe the evidence in this instance is sufficient to establish a violation was committed. Therefore, I am closing this case with no further action.

Any questions regarding this case should be addressed to Mona Skillingberg, Legal Assistant, Enforcement Division at (512) 539-5642 or e-mail mona.skillingberg@tdlr.texas.gov.

Yours very truly,

A handwritten signature in blue ink, appearing to read "KJC", written over the printed name "Karen J. Cox".

Karen J. Cox
Prosecutor
Enforcement Division

KJC/ms

CC: Complainant

1056-09-0009

ASSOCIATION OF
TEXAS MIDWIVES

RECEIVED

FEB 02 2009

FECU INV / QA GROUP

February 2nd, 2009

To Whom it May Concern,

It has come to the attention of the Association of Texas Midwives (ATM) board that fraudulent CEU certificates have been submitted by Leah Hernandez for the purpose of documenting CEU hours for licensure. The certificates in question are all certificates dated November 2006 from "The Gathering". Leah Hernandez did not attend this function, is not on any sign in sheet or evaluation sheet and thus was not awarded these CEU certificates lawfully. Please see attached supporting documents. At this time ATM is uncertain how Mrs. Hernandez obtained the certificates in order to falsify them. Once ATM discovers from whom Leah Hernandez acquired these documents further complaints will be filled. The ATM Board of Directors wishes to formally file a complaint against Leah Hernandez. ATM views this as a serious offense that cannot be overlooked.

As an organization that is allowed to issue CEUs under the Midwifery Rules we take this issue very seriously. Our CEU Coordinator has taken measures to ensure that certificates are no longer able to be altered. If you have any questions regarding this new process please contact Pam Holland @ 214-585-4500 or 972-924-4896.

If you need any assistance or have questions please feel free to contact the Association's office @ 432-664-8815 or Kelli Beaty @ 432-238-1493.

Sincerely,

Paula J. Davis, Cathy A. Rude, Kelli Beaty
Board of Directors, Association of Texas Midwives
Claudia Creus, Faith Beltz

Ethics/Complaints Committee Case Action Tracking Sheet

Board/Program: Midwifery Meeting Date: June 15, 2015
 Complaint # 1056-15-0009 Licensee Name: LEAH HERNANDEZ

ACTION / DETERMINATION(S):

☐ CLOSE No Violation ☐ CLOSE Not Substantiated ☐ CLOSE Not Jurisdictional ☐ CEASE & DESIST

☐ WARNING LETTER or LETTER OF ADVISEMENT (Specify warning) _____

☐ Contingent on completion of the following, otherwise will be a reprimand.

☐ Complete Jurisprudence Examination

☐ Continuing Ed - # of hours _____ Specify subject field(s) _____
 Completion or Due Date _____

☐ REPRIMAND

☐ SUSPENSION - LENGTH _____

☒ REVOCATION

☒ ADMINISTRATIVE PENALTIES

Amount 1000 - no records
 Date Payment Due 2000 - FRAUD B.C.

☐ REFER TO OAG

☐ for Injunction

☐ for Civil Penalty in the amount of _____
 for violations on _____ days

☐ Any action proposed is contingent on completion of the following, otherwise will be a ____.

☐ Complete Jurisprudence Examination

☐ Continuing Ed - # of hours _____ Specify subject field(s) _____
 Completion or Due Date _____

☐ PROBATED SUSPENSION

CONDITIONS OF PROBATION:

☐ Supervision w/ Board approved Supervisor

☐ Weekly ☐ Bi-Weekly ☐ Monthly

☐ Reports submitted to Board Office

☐ Monthly ☐ Quarterly ☐ Annual

☐ Continuing Ed - # of hours _____

Subject(s) _____

☐ Jurisprudence Examination

☐ Graduate Course in _____ (With a grade of "B" or higher)

☐ RETURN TO INVESTIGATIONS (see other side of page)

Law/Rule Violated (Specific Citation) H+S 195.003

Conduct (specifically what the person did that violated the law/rule)

Date of Incident _____

FRAUD OF GOVERNMENTAL RECORDS

Severity Level: _____

Law/Rule Violated (Specific Citation) _____

Conduct (specifically what the person did that violated the law/rule)

Date of Incident _____

Severity Level: _____

Law/Rule Violated (Specific Citation) _____

831.20 (L)

NO RECORDS

PROVIDED

Conduct (specifically what the person did that violated the law/rule)

Date of Incident _____

Severity Level: _____

Law/Rule Violated (Specific Citation) 821.20 (E)

Conduct (specifically what the person did that violated the law/rule)

Date of Incident _____

DISHONORABLE CONDUCT

Severity Level: _____

that may DECEIVE
OR DEFRAUD

Law/Rule Violated (Specific Citation) _____

Conduct (specifically what the person did that violated the law/rule)

Date of Incident _____

Severity Level: _____

ADDITIONAL COMMENTS

Refer to VS + INS
W/option TO REOPEN depending
ON FINDING

RETURN TO INVESTIGATIONS:

PREPARATIONS BY / CONTACT PERSONS Elaine Snow



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

KIRK COLE, INTERIM
COMMISSIONER

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
www.dshs.state.tx.us
TTY: 1-800-735-2989

July 1, 2015

Leah Hernandez
2605 S Mirror
Amarillo TX 79103

Certified Mail #7011 0470 0003 0321 1448
and First Class Mail Service

**RE: Notice of Violation (NOV) – Leah Hernandez, Licensed Midwife, #MW96185,
Complaint #1056-13-0019**

Dear Ms. Hernandez:

The Complaint Review Committee (Committee) of the Texas Midwifery Board (Board) has reviewed documents and evidence related to your midwifery practice. As a result of the review, the Board found deficiencies under Chapter 203 of the Texas Occupations Code, (TOC) and Title 22 of the Texas Administrative Code (TAC), Chapter 831. The Committee considered the aforementioned documents at its meeting held June 15, 2015.

The Committee proposes revocation of your midwifery license, #MW96185, and an administrative penalty in the amount of \$3,000.00 in accordance with the following criteria:

- Texas Occupations Code (TOC) Sec. 203.404. (a): "The midwifery board may discipline a licensed midwife, refuse to renew a midwife's license, or refuse to issue a license to an applicant if the person:
 - (1): violates this chapter or a rule adopted under this chapter;
 - (8): submits a birth or death certificate known by the person to be false or fraudulent or engages in another act that violates Title 3, Health and Safety Code, or a rule adopted under that title."
- 22 Texas Administrative Code (TAC) §831.20(1)(A), (I), and (L): "Grounds for denial of application for licensure or license renewal and for disciplinary action. The Midwifery Board may deny an application for initial licensure or license renewal and may take disciplinary action against any person based upon proof of the following:
 - (A): violation of the Act or rules adopted under the Act;
 - (I) submission of a birth or death certificate known by the individual to be false or fraudulent, or other noncompliance with Health and Safety Code, Chapter 191, or 25 Texas Administrative Code (TAC), Chapter 181 (relating to Vital Statistics);
 - (L): failure to submit midwifery records in connection with the investigation of a complaint."

- 22 Texas Administrative Code (TAC) §831.165 (b): "In addition to or in lieu of the penalties and sanctions under §831.169(a) of this title (relating to Disciplinary Action), the following administrative penalties shall be used in recommending disposition of complaints involving the following violations:
(1) for intentional alteration or falsification of birth or death certificates; revocation of licensure and an administrative penalty not to exceed \$5,000."

The proposed action is based upon the following allegations:

1. On or about October 23, 2006, you filed a false birth certificate for O.M.

This is in violation of 22 TAC §831.20(1)(I) (see bullet below). Revocation of your midwifery license, #MW96185, and an administrative penalty of \$2,000.00 are proposed for this violation.

- 22 Texas Administrative Code (TAC) §831.20(1)(E): "Grounds for denial of application for licensure or license renewal and for disciplinary action. The Midwifery Board may deny an application for initial licensure or license renewal and may take disciplinary action against any person based upon proof of the following:
(I) submission of a birth or death certificate known by the individual to be false or fraudulent, or other noncompliance with Health and Safety Code, Chapter 191, or 25 Texas Administrative Code (TAC), Chapter 181 (relating to Vital Statistics)."

2. On or about October 28, 2013 through April 21, 2015, you failed to submit midwifery records to the Board in response to written requests, and contact with DSHS investigators.

This is in violation of 22 TAC §831.20(1)(L) (see bullet below). An administrative penalty of \$1,000.00 against your midwifery license is proposed for this violation.

- 22 Texas Administrative Code (TAC) §831.20(1)(L): "Grounds for denial of application for licensure or license renewal and for disciplinary action. The Midwifery Board may deny an application for initial licensure or license renewal and may take disciplinary action against any person based upon proof of the following:
(L): failure to submit midwifery records in connection with the investigation of a complaint."

In accordance with the provisions set forth in the Administrative Procedure Act (Government Code § 2001.054(c), you have the right to show compliance with all requirements of law prior to final action by the Board. **Within twenty (20) calendar days following your receipt of this notice, you may:**

Notice of Violation
Leah Hernandez
July 1, 2015
Page Three

- 1) Accept the Board's proposed actions in this NOV for revocation of your license #MW96185 and imposition of an administrative penalty in the amount of \$3,000.00 against your midwifery license, and remit the recommended penalty amount of \$3,000.00, by cashier's check or money order made payable to the Department of State Health Services with a notation of: *Deposit in Budget # ZZ156; Fund#122*, and please return the enclosed "Response to Notice of Violation (NOV)" form, with the first box checked; please be sure to sign and date the form; or,
- 2) Make a written request for an informal conference and a hearing (if necessary), regarding the aforementioned violations; or
- 3) Make a written request for a formal hearing regarding the aforementioned violations.

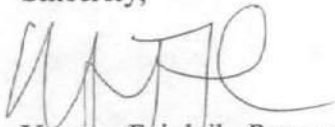
A written response shall be submitted to:

Yvonne Feinleib, Program Director, Midwifery Program
PLCU Investigations
Texas Department of State Health Services
P.O. 141369
Austin, Texas 78714-1369

FAILURE TO RESPOND TO THIS NOTICE IN A TIMELY MANNER WILL BE CONSIDERED A WAIVER OF YOUR RIGHT TO A HEARING, THE ALLEGATIONS CONTAINED IN THIS NOTICE WILL BE DEEMED TRUE, AND THE BOARD WILL REVOKE YOUR LICENSE AND IMPOSE AN ADMINISTRATIVE PENALTY OF \$3,000.00, BY DEFAULT.

If you have any questions regarding this proposal, please contact me at (512) 834-4521 or by electronic mail at <yvonne.feinleib@dshs.state.tx.us>.

Sincerely,



Yvonne Feinleib, Program Director
Midwifery Program
Professional Licensing and Certification Unit

Enclosure

Complaint #1056-13-0019

Response to Notice of Violation (NOV)

(Midwife has the option to use this form to respond to the NOV or Midwife may respond by letter.)

I Leah Hernandez (Respondent), have received a Notice of Violation (NOV) from the Complaint Review Committee (Committee) of the Texas Midwifery Board (Board), in which Respondent was notified that the Board is proposing revocation of my midwifery license, #MW96185, and an administrative penalty of \$3,000.00.

- ☐ Respondent admits the allegations in the Board's Notice of Violation (NOV), and accepts the action proposed. The Respondent agrees to the Board's issuance of an Order finding that Respondent engaged in the conduct and committed the violations listed in the NOV, and agrees to revocation of the Respondent's midwifery license, #MW96185, and the imposition of an administrative penalty of \$3,000.00. Respondent waives the right to a hearing or an appeal regarding the Board's findings, the proposed action, and the Board's disposition of this case through issuance of an Order.
- ☐ Respondent does not accept the proposed actions in the Board's NOV and requests an informal conference and a hearing.
- ☒ Respondent does not accept the proposed actions in the Board's NOV and requests a formal hearing.

Leah Hernandez
Signature

7/10/15
Date

Leah Hernandez
Printed Name

#MW96185
License Number

IMPORTANT NOTE: IF YOU HAVE A NEW ADDRESS-

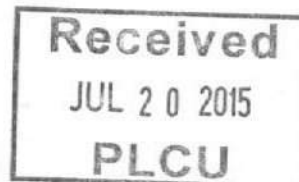
Please enter it below to ensure that you are notified of your informal conference and/or hearing date.

2605 S. Mirror
Street Address

Amarillo TX 79103
City Zip

806-584-7337
Telephone #

Complaint #1056-13-0019



Response to Notice of Violation

(Midwife has the option to use this form to respond to the NOV or Midwife may respond by letter.)

I Leah Hernandez (Respondent), have received a Notice of Violation (NOV) from the Complaint Review Committee (Committee) of the Texas Midwifery Board (Board), in which Respondent was notified that the Board is proposing revocation of my midwifery license, #MW96185, and an administrative penalty of \$3,000.00.

- ☐ Respondent admits the allegations in the Board's Notice of Violation (NOV), and accepts the action proposed. The Respondent agrees to the Board's issuance of an Order finding that Respondent engaged in the conduct and committed the violations listed in the NOV, and agrees to revocation of the Respondent's midwifery license, #MW96185, and the imposition of an administrative penalty of \$3,000.00. Respondent waives the right to a hearing or an appeal regarding the Board's findings, the proposed action, and the Board's disposition of this case through issuance of an Order.
- ☐ Respondent does not accept the proposed actions in the Board's NOV and requests an informal conference and a hearing.
- ☐ Respondent does not accept the proposed actions in the Board's NOV and requests a formal hearing.

Signature

Date

Leah Hernandez
Printed Name

#MW96185
License Number

IMPORTANT NOTE: IF YOU HAVE A NEW ADDRESS-

Please enter it below to ensure that you are notified of your informal conference and/or hearing date.

Street Address

City

Zip

Telephone #

Complaint #1056-13-0019

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Total Postage & Fees	\$

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- **NO INSURANCE COVERAGE IS PROVIDED** with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Professional Licensing & Certification Unit INTER-OFFICE MEMORANDUM

TO: Office of General Counsel
THRU: Yvonne Feinleib, Program Director
FROM: Georgia Norman, Board Support
DATE: July 30, 2015
SUBJECT: A Formal Hearing, with the State Office of Administrative Hearing

A Formal Hearing, with the State Office of Administrative Hearings

Please notify us once a docket date has been set.

Attachments:

- X NOV dated July 1, 2015
- X Copy of case file

Complaint Case #1065-13-0019

PROFESSIONAL LICENSING & CERTIFICATION UNIT COMPLAINT TRACKING FORM

Date Received 8/16/2013	Complaint # 1056-13-0019	Respondent's/Licensee's Name Hernandez, Leah	Date of Birth [REDACTED]
License # 96185	License Issue Date 9/20/2013	Type of License MW	Complaint history? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	License Expiration Date 2/28/2013	Dual Lic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, type?	If yes, list complaint #s: list attached
Note:		Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	

Respondent's/Licensee's Address 2605 S. Mirror Amarillo, TX 79103	Complainant's Name & Address <i>Name</i> Mark Hohensee, Investigator Office Of Inspector General <i>Address</i> 8317 Cross Park, Box #9, Mail Code 1363 <i>City, State, ZIP Code</i> Austin, TX 78754
--	--

Routed through Emergency Complaint process?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Initial Determination by Complaint Group	Ad Tech / Spvs initials MR Date of Support Staff Review 8/16/2012

Jurisdictional ☒ Yes ☐ No **Alleged Law or Rule Violation(s)**
ACT TOC Sec. 203.401. PROHIBITED PRACTICES.
A midwife may not:
(6) make on a birth certificate a false statement or false record in violation of Section 195.003, Health and Safety Code.

Committee Recommendations

Description of Action Taken	DATE ACTION TAKEN	INITIALS
Acknowledgement letter sent to complainant	8/16/2013	MR
Initial notice letter sent to licensee / respondent		
Response request and copy of complaint to respondent (if applicable – see pg. 2)	10/28/13	LC
Referred to Investigations Section (if applicable – see pg. 2)		
Complaints Committee/ERC Meeting	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(meeting date)
Allegations substantiated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Place on agenda for Board / Comm meeting (if applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Program Director/ED Determination

Is cited violation correct? ☐ Yes ☐ No PA Initials _____ Jurisdictional? ☐ Yes ☐ No

If no, alleged Law or Rule Violation(s): _____

Does licensee have criminal history? ☐ Yes ☐ No

Note _____

Obtain Certified Court documents and return for review? ☐ Yes ☐ No

Note _____

***** PLEASE COMPLETE PRIORITY & RESOURCE ASSESSMENT GRID (PRAG)*****

Direct referral to Enforcement for NOV? ☐ Yes ☐ No Note _____

Direct referral to Enforcement for OAG Injunction/Civil Penalty? ☐ Yes ☐ No

Note _____

Criminal Referral? ☐ Yes ☐ No PA Initial/Date _____

Close complaint? ☐ Yes ☐ No PA Initial/Date _____

☐ No Violation -OR- ☐ Non-Jurisdictional -OR- ☐ Not Substantiated -OR- ☐ LOC

Other action / Directives:

PA Initials and Date _____

PLCU Complaint Priority and Resource Assessment Grid

Level of QA and Investigations Group Resources

License Holders		Field Investigation (Full Report)	Administrative Investigation (Summary)	Records Request/ Response Letter
Risk Level	Explicit Allegation of Physical or Mental Harm	A		
	Implicit Allegation of Physical or Mental Harm	B		
	Explicit Allegation of Other Harm	C		MA 10/16/13
	Implicit Allegation of Other Harm	D		
	<i>RR + midwifery records Orlando Eliseo Mendoza allegedly born</i>			Standard format? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Provide copy of complaint? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Program Director must initial and date the option selected			
	Unlicensed Activity	Field Investigation	Administrative Investigation	Cease/Desist Letter
	Explicit Allegation of Physical or Mental Harm	A		
	Implicit Allegation of Physical or Mental Harm	B		
	Explicit Allegation of Other Harm	C		
Implicit Allegation of Other Harm	D			
				Cite same rule/law as noted on page one? <input type="checkbox"/> Yes <input type="checkbox"/> No
Program Director must initial and date the option selected				

Comments: _____

Definitions:

Explicit Allegation: Fully expressed without vagueness, implication, or ambiguity; actual harm has occurred.

Implicit Allegation: Capable of being understood from something else, unexpressed, unspoken, or tacit; risk of harm exists.

Other Harm: Includes financial harm, exploitation, and neglect not resulting in physical or mental harm.

Field Investigation: Requires field visits, in-person interviews, and/or staff travel by an investigator.

Administrative Investigation: Includes phone interviews, and/or internet research by an investigator.

Records Request/Response Letters: Correspondence not requiring an investigator.

Instructions:

1. Determine whether the respondent is licensed.
2. Determine whether the harm is physical/mental or other.
3. Determine whether the allegation is explicit or implicit.
4. Determine which kind of resources are needed to investigate.

Program Director Signature: _____ Date: _____

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PS Form 3800, August 2006

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- Certified Mail is *not* available for any class of international mail.
- **NO INSURANCE COVERAGE IS PROVIDED** with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047

[illegible]

Revised on 8/16/2013

Friday, Aug 16, 2013 01:46 PM

(nf11) Complaint Search - Windows Internet Explorer

http://dshs.egrowd2.dshs.state.tx.us/efaces/jsp/enforcement/NF11ComplaintSearch.jsp

Favorites Microsoft Websites Suggested Sites Web Site Gallery DSHS Online Home

DSHS Online Home (nf11) Complaint Search

Page Safety Tools

FAQ | Help | Sign Out

VR Home Entity Application License Cash Exam Inspection Enforcement Milk & Sampling Report

Complaint Search Change Recording License Type Delete Complaint Mass Activity Update Mass Discipline Update Mass Status Update Public Case Info

Domain 10 - Professional Licensing & Cert / EMS

Logged in as: mrangel

VR Home > Complaint Search

Search Criteria Results

Case Type	Complaint #	Status	Reference	Incident	Respondent	Complainant	Lic Type	Public Case	View	Process
Standard Case	1056080011	Closed Without Monitoring			HERNANDEZ, LEAH D	POTTEBAUM, BRENDA	5601	PUBL		
Standard Case	1056090009	Open			HERNANDEZ, LEAH D	ASSOCIATION OF TEXAS MIDWIVES,	5601	PUBL		
Standard Case	1056100006	Closed Without Monitoring			HERNANDEZ, LEAH D	BANMAN, SUSAN	5601	PUBL		
Standard Case	1056100008	Closed Without Monitoring			HERNANDEZ, LEAH D	GUTIERREZ, HENRY	5601	PUBL		
Standard Case	1056110001	Closed With Monitoring			HERNANDEZ, LEAH D	MW BOARD,	5601			
Standard Case	1056110005	Closed Without Monitoring			HERNANDEZ, LEAH D	MW BOARD,	5601	PUBL		
Standard Case	1056130002	Open			HERNANDEZ, LEAH D	FINDLEY, LACY	5601	PUBL		
Standard Case	1056120008	Open		12/27/2011	HERNANDEZ, LEAH D	CROPLEY, STACEY	5601	PUBL		
Standard Case	1056120001	Open		08/26/2011	HERNANDEZ, LEAH D	HUGHES, PENNI	5601	PUBL		
Standard Case	1060600005	Closed Without Monitoring	MW-06-005	10/06/2005	HERNANDEZ, LEAH	MW PROGRAM,	5601	PUBL		

Page: 1 of 2 Go

Total: 12

Print Back

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TEXAS DEPARTMENT OF LICENSING AND REGULATION

Enforcement Division

P.O. Box 12157 • Austin, Texas 78711 • (512) 539-5600 • (800) 803-9202 • fax (512) 539-5698

Web site: www.tdlr.texas.gov

November 30, 2016

LEAH HERNANDEZ
2605 S MIRROR
AMARILLO TX 79103-1622

Subject: Leah D. Hernandez (Respondent), Case Number: MID20170006231

Dear Ms. Hernandez:

The Texas Department of Licensing and Regulation (Department) has concluded its review of the above-referenced case number. This case was originally opened by the Department of State Health Services Midwifery Board (Board) under case number 1056-12-0001 from events arising from a birth in August of 2011. On February 11, 2013 the parties met and an Agreed Order was drafted wherein the Respondent was to be placed on a 6-month probated suspension during which time she was to provide five charts from births attended, for the violations of failing to document maternal care data and failing to appropriately monitor fetal heart tones. The documents in the file show that the Respondent sent in the required charts, however, she did not sign the actual agreement leading to the case remaining open.

The Department has determined that this case should now be closed since the terms of the agreement with the Board were met.

Any questions regarding this case should be addressed to Jacqueline R. Revilla, Legal Assistant, Enforcement Division at (512) 539-5597 or e-mail Jackie.Revilla@tdlr.texas.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "C. Melder", written over a horizontal line.

Charlotte R. Melder
Senior Prosecutor
Enforcement Division

CC: Complainant

PROFESSIONAL LICENSING & CERTIFICATION UNIT COMPLAINT TRACKING FORM

Date Received 9/28/2012		Complaint # 1056-13-0002		Respondent's/Licensee's Name Hernandez, Leah		Date of Birth [REDACTED]	
License # 96185		License Issue Date 9/20/1985		Type of License MW		Complaint history? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		License Expiration Date 2/28/2013		Dual Lic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, type?		If yes, list complaint #s: list attached	
Note:				Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>			
Respondent's/Licensee's Address 2605 S. Mirror Amarillo, TX 79103 ✓				Complainant's Name & Address <i>Name</i> Lacy Findley <i>Address</i> 15141 County Road J <i>City, State, ZIP Code</i> Booker, TX 79005			
Routed through Emergency Complaint process?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Initial Determination by Complaint Group				Ad Tech / Spvs initials MR Date of Support Staff Review 9/28/2012			
Jurisdictional <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Alleged Law or Rule Violation(s) 22 TAC RULE §831.165 © (6) using fraud in the practice of midwifery, practicing midwifery with gross incompetence, with gross negligence on a particular occasion, or with a pattern of fraud, negligence, or incompetence; (8) failing to provide a written explanation of charges previously made on a bill or statement in response to the client's written request.							
Committee Recommendations							
Description of Action Taken						DATE ACTION TAKEN	INITIALS
Acknowledgement letter sent to complainant						9/28/2012	MR
Initial notice letter sent to licensee / respondent							
Response request and copy of complaint to respondent (if applicable – see pg. 2)						10/3/12	LV
Referred to Investigations Section (if applicable – see pg. 2)							
Complaints Committee/ERC Meeting						(meeting date)	
Allegations substantiated							
Place on agenda for Board / Comm meeting (if applicable)							

Program Director/ED Determination

Is cited violation correct? ☒ Yes ☐ No PA Initials WJA Jurisdictional? ☒ Yes ☐ No

If no, alleged Law or Rule Violation(s): _____

Does licensee have criminal history? ☐ Yes ☐ No
Note _____

Obtain Certified Court documents and return for review? ☐ Yes ☐ No
Note _____

***** PLEASE COMPLETE PRIORITY & RESOURCE ASSESSMENT GRID (PRAG)*****

Direct referral to Enforcement for NOV? ☐ Yes ☐ No Note _____

Direct referral to Enforcement for OAG Injunction/Civil Penalty? ☐ Yes ☐ No
Note _____

Criminal Referral? ☐ Yes ☐ No PA Initial/Date _____

Close complaint? ☐ Yes ☐ No PA Initial/Date _____

☐ No Violation -OR- ☐ Non-Jurisdictional -OR- ☐ Not Substantiated -OR- ☐ LOC

Other action / Directives:

PA Initials and Date _____

PLCU Complaint Priority and Resource Assessment Grid

Level of QA and Investigations Group Resources

License Holders			Field Investigation (Full Report)	Administrative Investigation (Summary)	Records Request/ Response Letter
Risk Level	Explicit Allegation of Physical or Mental Harm	A			
	Implicit Allegation of Physical or Mental Harm	B			
	Explicit Allegation of Other Harm	C		MA 5/6/13	MA 10/2/12
	Implicit Allegation of Other Harm	D			
	5/6/13 * Please contact insurance company re: 1. Amount paid out 2. Use of these billing codes by a licensed MW (eg Hospital visit?)				
Program Director must initial and date the option selected					
Unlicensed Activity			Field Investigation	Administrative Investigation	Cease/Desist Letter
Risk Level	Explicit Allegation of Physical or Mental Harm	A			
	Implicit Allegation of Physical or Mental Harm	B			
	Explicit Allegation of Other Harm	C			
	Implicit Allegation of Other Harm	D			
					Cite same rule/law as noted on page one? <input type="checkbox"/> Yes <input type="checkbox"/> No
Program Director must initial and date the option selected					

Comments:

investigate with

1058-13-6803

Definitions:

Explicit Allegation: Fully expressed without vagueness, implication, or ambiguity; actual harm has occurred.

Implicit Allegation: Capable of being understood from something else, unexpressed, unspoken, or tacit; risk of harm exists.

Other Harm: Includes financial harm, exploitation, and neglect not resulting in physical or mental harm.

Field Investigation: Requires field visits, in-person interviews, and/or staff travel by an investigator.

Administrative Investigation: Includes phone interviews, and/or internet research by an investigator.

Records Request/Response Letters: Correspondence not requiring an investigator.

Instructions:

1. Determine whether the respondent is licensed.
2. Determine whether the harm is physical/mental or other.
3. Determine whether the allegation is explicit or implicit.
4. Determine which kind of resources are needed to investigate.

Program Director Signature: _____

Date: _____

(nf11) Complaint Search - Windows Internet Explorer

http://dshsregraswe02.dshsco.state.tx.us/le5/faces/jsp/enl Live Search

File Edit View Favorites Tools Help

★ Favorites | ☆ DSHS Online Home Suggested Sites Web Slice Gallery

(nf11) Complaint Search

Page Safety Tools

Case Type	Complaint #	Status	Reference	Incident	Respondent	Complainant	Lic Type	Public Case	View	Process
Standard Enf Case	1056080011	Closed Without Monitoring			HERNANDEZ, LEAH D	POTTEBAUM, BRENDA	5601	PUBL		
Standard Enf Case	1056090009	Open			HERNANDEZ, LEAH D	ASSOCIATION OF TEXAS MIDWIVES,	5601	PUBL		
Standard Enf Case	1056100006	Closed Without Monitoring			HERNANDEZ, LEAH D	BANIMAN, SUSAN	5601	PUBL		
Standard Enf Case	1056100008	Open			HERNANDEZ, LEAH D	GUTIERREZ, HENRY	5601	PUBL		
Standard Enf Case	1056110001	Open			HERNANDEZ, LEAH D	MW BOARD,	5601			
Standard Enf Case	1056110005	Closed Without Monitoring			HERNANDEZ, LEAH D	MW BOARD,	5601	PUBL		
Standard Enf Case	1056120008	Open		12/27/2011	HERNANDEZ, LEAH D	CROPLEY, STACEY	5601	PUBL		
Standard Enf Case	1056120001	Open		08/26/2011	HERNANDEZ, LEAH D	HUGHES, PENNI	5601	PUBL		
Standard Enf Case	1056060005	Closed Without Monitoring	MW-06-005	10/06/2005	HERNANDEZ, LEAH	MW PROGRAM,	5601	PUBL		
Standard Enf Case	1056040014	Closed Without Monitoring	MW-04-014	04/12/2004	HERNANDEZ, LEAH	MCDOWELL, SARAH	5601	PUBL		

Page: 1 of 2 Go

Total: 11



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Enforcement Division

P.O. Box 12157 • Austin, Texas 78711 • (512) 539-5600 • (800) 803-9202 • fax (512) 539-5698

Web site: www.tdlr.texas.gov

November 7, 2017

LEAH HERNANDEZ
2605 S MIRROR
AMARILLO TX 79103 1622

Subject: Leah D. Hernandez (Respondent); Case Number: MID20170008614

Dear Ms. Hernandez:

The Texas Department of Licensing and Regulation (Department) has concluded its investigation of the above-referenced case number. From the results of the investigation, it does not appear that there is sufficient evidence to establish that there was a violation of the Texas Midwifery Act and Rules.

At any hearing in which the Department seeks a sanction or penalty against a licensee or other individual, the burden is on the Department to prove that the licensee or individual committed a violation of the law or rules in place at the time of the alleged violation. We do not believe the evidence in this instance is sufficient to establish a violation was committed. Therefore, I am closing this case with no further action.

Any questions regarding this case should be addressed to Mona Skillingberg, Legal Assistant, Enforcement Division at (512) 539-5642 or e-mail mona.skillingberg@tdlr.texas.gov.

Yours very truly,

A handwritten signature in blue ink, appearing to read "K. Cox", written over the printed name.

Karen J. Cox
Prosecutor
Enforcement Division

KJC/ms

CC: Complainant
Investigator

RECEIVED
TDLR ENFORCEMENT

Professional Licensing and Certification Unit

COMPLAINT FORM

DEC 14 2016

TEXAS MIDWIFERY BOARD

NAME OF REGULATORY BOARD/PROGRAM

1-800-942-5540 (Complaint Hotline)

INITIAL

AUSTIN

Please call if you are unsure to which Board/Program you should direct your complaint.

COMPLAINANT INFORMATION (PERSON REPORTING)

Name: JOHN P. HARVEY, MDAddress: [REDACTED]

Street Address

City

State

Zip

Home Phone: [REDACTED] Work Phone: (806) 212-5303

LICENSEE INFORMATION (ALLEGED VIOLATOR)

Name: LEAN HERNANDEZAddress: 2605 S. Mirror St Amarillo TX 79103

Street Address

City

State

Zip

Home Phone: _____ Work Phone: (806) 584-7337

CLIENT-PATIENT INFORMATION (IF APPLICABLE)

Name: [REDACTED], Baby GirlAddress: [REDACTED]

Street Address

City

State

Zip

Home Phone: _____ Work Phone: _____

Complainant's Relationship to Client: ATTENDING PHYSICIAN (NICU)Is the client a minor? ☒ Yes ☐ No If yes, give age: 8

SUPPORTING DOCUMENTATION

Attach documentation such as canceled checks or receipts, charts, notes, records; also, names, addresses, and phone numbers of others who may have information about the alleged violations, etc.



TEXAS DEPARTMENT OF STATE HEALTH
SERVICES

FAX TRANSMITTAL

Professional Licensing and Certification Unit
Investigations and Quality Assurance Group
Phone: (512) 834-6628 ext. 2753
Fax: (512) 834-6789
Date: December 2, 2016

To: Texas Department of Licensing and Regulation-Midwifery Board
From: DSHS
Receiver's Fax Number: 512-4639468
Receiver's Phone Number:
Reference: complaint
Number of pages including this cover sheet: 3

The information contained in this facsimile message may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any unauthorized dissemination, distribution, copy, or use of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone. Thank you.

DETAILS OF COMPLAINT

Dates of Client-Patient/Licensee Relationship: From: 11/17/16 To: Present

Dates of Violations: 11/12/2016

Details of Complaint: LEAN HERNANDEZ is a lay midwife well known to our NICU for her medically dangerous actions. I have filed a complaint over a year ago for Ms. Hernandez's negligence which was the cause of an infant's death. This complaint involves another example of this individual's criminal negligence which placed this infant girl at serious risk of death or permanent brain damage.

Upon contact from TRIS, I can provide medical records of this case.

State of Texas County of RANDALL

JEP. 11/17/16
Signature of Complainant

Mail your completed packet to:

Investigations
PO Box 141369
Austin, Texas 78714-1369

DSHS Publications # F75-11360 Rev. 3/05
Professional Licensing and Certification Unit - Texas Department of State Health Services

In addition, Ms. Hernandez told the parents of this infant not to discuss the delivery with the hospital alleging that we would report the parents to CPS and have their daughter taken from them.